

# Nursing Home Care in Maryland

*The following summary is based on a report of nursing home care in Maryland issued in October 1960 by the bureau of medical services and hospitals of the Maryland State Department of Health. Co-operating in the study were the office of planning and research and the division of public health nursing, also of the State health department.*

In January 1960, a study of the 158 licensed nursing homes in Maryland and the 1,340 welfare patients in these homes was initiated by the Maryland State Department of Health. This study was to serve as a basis for developing programs to improve patient care and for establishing payment methods to adequately compensate nursing homes for care of patients receiving public assistance.

The study concerned three special areas: nursing home facilities, nursing home costs, and welfare patients in nursing homes. The Maryland State Department of Health, the Montgomery County Health Department, and the Baltimore City Health Department participated in the investigations.

By September 1960 all of the nursing homes and 65 percent of the welfare patients had been studied; the findings form the basis for this report.

## **Nursing Home Facilities**

The survey showed that, in general, licensed nursing homes in Maryland complied with the licensure standards and regulations prescribed by the Maryland State Board of Health. Too many homes, however, were using buildings which were not originally planned for nursing home care and which had uncorrectable structural shortcomings. Many had insufficient day-room space and no dining rooms for patients, and few of the multistoried homes had elevators. The structural deficiencies sometimes made it difficult to administer nursing care effectively.

Admissions to many homes were restricted by the inadequacies of the buildings. For example, safety regulations restricted bedridden patients to only one floor in some homes. Admissions

were also limited by social restrictions. Seventy-eight percent of the nursing home beds in Baltimore City and 90 percent of the beds in the rest of Maryland were available to white patients only. Throughout the State, there were homes which rarely accepted welfare patients and others which accepted such patients almost solely.

Most nursing home operators were not specifically trained for their jobs. This was reflected in general management problems and lack of professional supervisory personnel. Although the nursing home is a type of medical institution, managing personnel of nursing homes tended to lack awareness of the need for medical supervision. The fact that physicians' services were available to individual patients was not sufficient for good medical management.

The minimum requirement of 2 hours of bedside care per patient-day was met or exceeded by the majority of homes. The group of larger homes with a capacity of 70 beds or more failed, however, to fulfill the minimum requirement. In 6 of the 11 large homes included in the study, patients were almost exclusively welfare patients.

In general the quality of nursing care was poor. Few homes had qualified personnel working around the clock, as is needed in a medical institution. Nursing positions in these homes are hard to fill, not only because of a general shortage of nurses but also because these positions are not considered professionally rewarding. Too many homes relied on aides for most of their bedside care and did not have registered nurses to plan or supervise such care.

## **Cost of Care**

When the study was undertaken there was an occupancy rate of 89.7 percent in licensed nursing homes in Maryland and there were 496 empty beds. Only 94 of these vacant beds were available at rates of \$4.50 or less. The majority required a payment of \$6.50 or more a day.

It is assumed that the very low per diem cost reported by some of the homes resulted from a

large welfare population in these homes. It would seem that the type and scope of service had been adjusted to available welfare payments. Cost analysis showed that there was no standardization of cost accounting, making it difficult to determine fair public payments.

### **Welfare Patients**

The 870 welfare patients studied were located in 42 homes. Approximately equal numbers of patients were in Baltimore City homes and in county homes, but 7 percent of the patients in the Baltimore City homes were county residents representing almost every county in the State. It was estimated that during a 12-month period approximately 400 welfare patients were admitted to nursing homes. More than half of the patients were admitted directly from their communities; others came from hospitals or other nursing homes.

Of the patients in the study group, 80 percent were 65 years or older. The median age for white patients was 79 and for nonwhite patients, 74. Sixty-four percent of all patients were female and 32 percent of all patients were non-white.

Categorizing nursing home patients by diagnosis was difficult because of the paucity of recorded medical information in the homes. Patients apparently suffered from a wide range of chronic illnesses with cardiovascular conditions predominating. Numerous handicaps such as defects in speech, hearing, and vision were associated with the various illnesses.

Almost one-half of the patients needed assistance in walking or could not walk at all; 8 percent were completely bedridden. Of all patients, 98 percent had some incontinence and 26 percent were completely incontinent in one or both functions. One-fourth of all patients were mentally confused at least part of the time.

The types of care given in nursing homes were classified as: basic or personal care, comprising a number of procedures such as tub bath, skin care, partial help in feeding, and other unskilled services; and intermediate or skilled nursing care which included procedures such as hypodermic injections, taking pulse, temperature, and respirations, toilet training, complete help in dressing and feeding, and similar services. In addition, a number of special procedures not

frequently part of care in nursing homes were found necessary and were classified under special care.

The majority of nursing home patients received the intermediate or skilled type of nursing care to some extent. Special care was given to 16 percent of the patients. On the average, a patient was seen by a physician about once every 7 weeks, or about 7.5 times a year. This rate seems low for nursing home patients, especially in comparison with the National Health Survey estimate of five physician visits per year per person for the general U.S. population.

About 33 percent of all patients in nursing homes in Baltimore City and 24 percent in the counties were not receiving drugs. Among patients who were receiving drugs, there was frequently no close supervision over the administration of the prescribed drugs.

An entire ward of 20 women patients at the Springfield State Hospital, a psychiatric hospital, was included in the study because the patients seemed more suited for nursing home care rather than hospital care. The patients were similar to the nursing home patients with respect to age and place of residence in the State. Their illnesses, predominantly arteriosclerosis and chronic brain syndrome, and their handicaps, such as defects in speech, hearing, and vision, were also like those found in the nursing home patients. In contrast with the nursing home patients, most of the Springfield patients were fully ambulant and continent.

The behavior pattern of the Springfield patients, however, suggested that they might not do well in the nursing homes studied because of lack of personal attention and understanding. Some of the patients might not be acceptable to the homes because they would be considered too agitated or disruptive. Study of the Springfield patients suggested that nursing homes geared to the special requirements of such patients might be desirable.

In general, the nursing home situation in Maryland appeared to need improvement in the following respects: nursing home buildings, training of nursing home operators and nursing personnel, medical supervision, appropriate patient care and placement, standardization of cost accounting, and payment methods for patients on public assistance.

# Federal Publications

**Selected Schedules of Dental Fees in the United States and Territories.** *PHS Publication No. 839; 1961; 32 pages; 25 cents.*

A compilation of fee schedules in effect on February 1, 1961, this publication includes those of two private dental insurance plans in New York State and the dental service corporations of Washington, Oregon, and California. Schedules of the Veterans Administration, vocational rehabilitation agencies, and departments of public assistance are given for each State and Territory.

**Proceedings of the 1961 Biennial Conference of the State and Territorial Dental Directors.** *PHS Publication No. 873; 1961; 39 pages.*

Included in this report are an address by the president of the Association of State and Territorial Dental Directors; the progress reports on the recommendations of the 1959 biennial conference; the recommendations of the 1961 biennial conference made in conjunction with the Public Health Service and the Children's Bureau and the recommendations of the Association.

**Russian Surgical Staplers.** *PHS Publication No. 871; by Stanley Jablonski; 1961; 41 pages.*

This annotated bibliography of automatic surgical stapling devices developed in the Soviet Union includes 136 references arranged systematically under the following surgical groupings: biliary, cardiovascular, gastrointestinal, neurological, pulmonary, urological, and general.

**Early American Medical Imprints.** A guide to works printed in the United States, 1668-1820. *PHS Publication No. 849 (National Library of Medicine); 1961; 240 pages; \$1.*

This work is the first comprehensive listing of separately issued materials of medical significance printed in the United States during the colonial and early development period in U.S. history. Included are books, pamphlets, theses, and

broadside arranged by author or corporate body, and a chronological index. Titles of early American medical periodicals and American printings of works originally published abroad prior to 1821 are also included.

The publication is designed to aid historians, librarians, and bibliographers particularly interested in the field of medicine and its allied sciences. Each work described lists at least one library credited as having a copy.

**Lice of Public Health Importance and Their Control.** *PHS Publication No. 772, part VIII; by Harry D. Pratt and Kent S. Littig; 16 pages; 1961, 20 cents.*

This training guide deals with the public health importance, biology, and control of the head, body, and crab lice which affect man. It presents historical outbreaks of epidemic typhus, trench fever, and relapsing fever, and discusses the differences between the three human lice, with pictorial keys, and methods of controlling these insects with DDT, lindane, benzyl benzoate, pyrethrum, or malathion. Included is a section on the control of rat lice which may maintain the rodent reservoir of murine typhus.

The list of selected references and audiovisual aids should be particularly useful to supervisors in health and sanitation departments and school nurses in the teaching of these insects.

**A Local Hospital Planning Agency.** *PHS Publication No. 877; 8 pages; 15 cents.*

This brochure, designed primarily to stimulate interest in the need for areawide planning, is based on PHS Publication No. 855, "Areawide Planning for Hospital and Related Health Facilities." It presents an overview of health facility problems and how they might best be resolved through areawide planning.

A cartoon entitled, "Are Your Community's Health Facilities Ailing?" by Gib Crockett of the Washington *Evening Star* appears on the cover.

**Medical Self-Help Training.** *PHS Publication No. 858; 1961; 12 pages.*

The purpose of the medical self-help training program, how it was developed and tested, and how it will be implemented on the State and community levels is explained. Text and pictures describe the contents of the 12-lesson training course and the training kit developed to teach the course. The role of the American Medical Association as sponsor of the program is delineated as is the cooperation of State education and civil defense offices.

This guide is developed for use by medical, health, education, military, and civil defense personnel.

**Hodgkin's Disease.** *PHS Publication No. 864 (Health Information Series No. 102); leaflet; 5 cents, \$2 per 100.* Describes the disease as type of cancer of the lymphatic tissue and gives some of the common first symptoms. Stresses importance of early diagnosis and describes most effective treatment methods. Indicates hopefulness of research directed toward discovering curative drugs and preventive vaccines in this type of malignant disease.

**National Center for Health Statistics.** *PHS Publication No. 878; 1961; leaflet.* Describes organization and functions of the new Center, including its components, and lists staff members.

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This section carries announcements of new publications prepared by the Public Health Service and of selected publications prepared with Federal support.

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The Public Health Service does not supply publications other than its own.

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